

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Sweet Adult Family Home/Tzegai Abraha	LICENSE NUMBER 752653
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

Sweet Adult Family Home Lacated in an exellent and Quiet Community in a beautiful Mountlake terrace. Our goal is to help our Resident achieve the best quality of life possible, We understand that one solution does not fit every situation, So we take the time to listen observe and learn about each resident's needs and preferences. This are program that maximizes the resident's independence and dignity.

2. INITIAL LICENSING DATE

06/17/2014

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☒ Sole proprietor
☐ Limited Liability Corporation
☐ Co-owned by:
☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Supervising and cueing Residents who are at risk for choking, Independent(selt feeding) , Who needs assistance for only a fraction of the time, who needes total assists.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Supervising and cueing stand by assistance while toileting, Who needed Assist changing briefs/pads and Total dependent change pads at least every two hours.

3. WALKING

If needed, the home may provide assistance with walking as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Supervising Resident misplaces/forgets assistive devic, Physical assistance with /with out use gait belt, Cueing Rsident to use assistive device at all the time, assist resident to exit in emergency.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Supervise/stand by assistance with transfer ,One person/Two person staff assistance with transfer, or use Hoyer lift transfer.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Cueing/stand by or partialy assistance to position/turn, One person/Two person assistance with changing position/turning while on the bed/ chair, And every two hours repositioning for resident who is bedfast/chairfast to prvent high-risk for skin breakdown.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Physicaly asistance, partial assistant and stand by/Cueing Resident as needed.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Physicaly asistance, partial assistant and stand by/Cueing Resident as needed.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Services will be determined based upon a written assessment made by the physician or qualified assessor,

Such as: Physically assistance, partial assistant and stand by/Cueing Resident as needed.
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
Medication Services
If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)
The type and amount of medication assistance provided by the home is: Services will be determined based upon a written assessment made by the physician or qualified assessor, Such as: Nurse delegation and qualified staff are trained to Cueing/reminding, Physically assistance and Partial assistant for medications Re-order medications. Medication will be given only as prescribed by the Resident's physician only and Medications are stored in locked storage
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Nurse eligation in place as needed.
Skilled Nursing Services and Nurse Delegation
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)
The home provides the following skilled nursing services: Sweet Adult Family Home proviedes Resident services and care 24/7 for individuals care with Dementia, Mental Illness, Developmental Disability, and who needed assist ADLs individual needs.
The home has the ability to provide the following skilled nursing services by delegation: Sweet Adult Family Home proviedes Resident services and care 24/7 for Insulin administer, blood glucose monitoring, Topocal, Nsal.
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
Specialty Care Designations
We have completed DSHS approved training for the following specialty care designations: <input checked="" type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Staffing
The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040) <input checked="" type="checkbox"/> The provider lives in the home. <input checked="" type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☐ Registered nurse, days and times: _____
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **24 hours per day 7 days a week**
- ☒ Awake staff at night
- ☐ Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

All staff meet the State requirement of specialty training for individual resident needs.

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

No specialty

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- ☐ The home is a private pay facility and does not accept Medicaid payments.
- ☒ The home will accept Medicaid payments under the following conditions:

We accept Medicaid payment

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

The home provides the following activities: puzzles, card games, "tea time" social hours, book club readings, birthday celebration, movie afternoon. The facility will provide activities on a routine basis with special seasonal activities as appropriate.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

All activities is based on the resident's assessment and individual preferences

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600